



# Submission to

## The Select Committee on Regional Australia

November, 2019

 106 Victoria St, West End Q 4101  
 GPO Box 1289, Brisbane Q 4001  
 (07) 3840 1444  
 (07) 3844 9387

 [www.qnmu.org.au](http://www.qnmu.org.au)

submission

## Contents

Introduction.....	3
Recommendations.....	4
Background.....	4
K. Identifying the infrastructure requirements for reliable and affordable health, education, transport, telecommunications, clean energy, water and waste in a new settlement of reasonable size, located away from existing infrastructure.....	5
L. Consider other measures to support the ongoing growth and sustainability of regional Australia.....	5
Regional health care .....	5
Nursing and midwifery workforce.....	6
Nurse practitioner.....	7
Nurse navigator.....	7
Rural and isolated practice endorsed nurses.....	7
Midwives.....	7
Nursing and midwifery workforce planning .....	8
Recruitment and retention.....	10
Conclusion .....	11
References.....	12

## Introduction

The Queensland Nurses and Midwives' Union (QNMU) thanks the Select Committee on Regional Australia (the Committee) for the opportunity to provide information to the inquiry into regional Australia (the inquiry).

Nursing and midwifery is the largest occupational group in Queensland Health and one of the largest across the Queensland government. The QNMU is the principal health union in Queensland covering all classifications of workers that make up the nursing and midwifery workforce including Registered Nurses, Registered Midwives, Enrolled Nurses and Assistants in Nursing who are employed in the public, private and not-for-profit health sectors including aged care.

Our more than 61,000 members work across a variety of settings from single person operations to large health and non-health institutions, and in a full range of classifications from entry level trainees to senior management. The vast majority of nurses and midwives in Queensland are members of the QNMU.

The QNMU believes that with any examination of the contribution of regional Australia to our national identity, economy and environment, health and health care underpin these matters. Good health enables an individual to achieve their full potential and provides social and economic value to individuals, society and the economy (The Health Foundation, 2018). By creating environments that promote better health in regional Australia, this will improve the nation's health, the nation's identity, the nation's economy and the nation's environment.

The QNMU views the role of nurses and midwives as imperative to the health care system of regional, rural and remote Australia and intrinsic in promoting and supporting health. Subsequently, our submission is written from the perspective of nurses and midwives and provides different scopes of practice that nurses and midwives can undertake, suitable for regional Australia. We also highlight our concerns around nursing and midwifery workforce planning.

Our submission addresses two of the terms of *reference*:

*k. Identifying the infrastructure requirements for reliable and affordable health, education, transport, telecommunications, clean energy, water and waste in a new settlement of reasonable size, located away from existing infrastructure*

*l. Consider other measures to support the ongoing growth and sustainability of regional Australia.*

## Recommendations

The QNMU recommends the federal government:

- introduce incentives for undergraduate nursing and midwifery student placements in regional, rural and remote areas;
- provide funding to expand nurse navigator and nurse practitioner-led models in primary care to ease the burden on hospital services;
- provide specific funding for states to appoint high level midwife leaders;
- provide funding incentives to enable:
  - safe, equitable, accessible, affordable, and sustainable models of maternity care.
  - rights to private practice for midwives;
  - expansion of the 19(2) exemption for primary maternity services for rural and remote areas; and
  - indemnity insurance for midwives providing private care.
- develop a national nursing and midwifery workforce plan.

## Background

Regional Australia contributes one third of Australia's national output, with almost one third (29%) of Australia's population living in regional and remote areas. As a result, regional Australia provides employment for one in three working Australians (Australian Institute of Health and Welfare, 2016 & Regional Australia Institute, 2017). A large cohort of this working group are nurses and midwives.

However, the health of this regional population, on average, is not the same standard of health and wellbeing to those who live in metropolitan areas. Further, access to health services is also a barrier in the delivery of effective and comprehensive health care (National Rural Health Alliance, n.d.). This may be due to varying health-seeking behaviours, geographic isolation, availability of local health services, health system efficiency, professional scope of practice of health practitioners, increased cost of delivering services due to remoteness, and

the recruitment and retention of health staff (Australian Institute of Health and Welfare, 2016; Edwards et al., 2016 & Productivity Commission, 2017).

### **K. Identifying the infrastructure requirements for reliable and affordable health, education, transport, telecommunications, clean energy, water and waste in a new settlement of reasonable size, located away from existing infrastructure**

The QNMU suggests that fundamental requirements for any new regional infrastructure should include high-quality physical, digital and social infrastructures, including public services such as a transport network. Inadequate transport networks restrict labour mobility, impede commerce and exacerbate the urban–rural divide. Insufficient and substandard housing increases the risk of accidents and ill health. Poor quality schools, technical colleges and vocational training institutes make it hard to produce the next generation of skilled workers (Commission for the Future of Work, 2019).

The QNMU also believes that infrastructure requirements for regional Australia should include the provision of health care using information and communication technologies (ICT) known as telehealth. With the right equipment and infrastructure, telehealth services improve access to health care provided by nurses, midwives and other health practitioners to regional Australians (Bradford, Caffey & Smith, 2016).

### **L. Consider other measures to support the ongoing growth and sustainability of regional Australia**

In addressing this term of reference, the QNMU will frame our response around regional health care, the nursing and midwifery workforce and the necessary nursing and midwifery workforce planning for future needs to support ongoing growth and the sustainability of regional Australia.

#### ***Regional health care***

We believe access to health care in regional Australia is pivotal to the growth and prosperity of this part of Australia. The provision of regional health services supports and impacts health and wellbeing. Better health and access to health care enables more people to participate in

society and the economy. Investing in health and its determinants is an important strategy to not only boost economic growth but to make the population healthier (Commission on Social Determinants of Health, 2008).

In recent Australian research, necessary services for rural and remote communities were identified and included aged care, mental health, maternal and child health, emergency care, disability and services for substance abuse (Thomas, Wakerman & Humphreys, 2014). However, until governments and policy makers work together and consider and apply relevant research to determine what primary health care services should be available for all Australians, and the support functions necessary for sustainability, there will remain an inequality for rural and remote Australians to access health care (Thomas, Wakerman & Humphreys, 2014).

Certainly, any contribution regional Australia makes to Australia as a whole, is reliant on a health care system that works for all Australians regardless of where they live.

### ***Nursing and midwifery workforce***

Nurses and midwives are the largest group of health care providers in Australia (Australian Institute of Health and Welfare, 2016). Optimising nurses and midwives to work to their full scope of practice will assist in addressing inequality in health care between regions and will increase flexible service delivery options for those who live in regional Australia (Queensland Health, 2013).

One example of optimising the scope of practice of nurses and midwives was recommended by the Senate Community Affairs References Committee in their report on the review of the availability and accessibility of medical imaging equipment around Australia, where they recommended that "... the Department of Health work with stakeholders to facilitate nurses and nurse practitioners expanding their clinical scope of practice to include certain ultrasounds, where they have received proper training and sonographers are not available to do so" (Senate Community Affairs Reference Committee, 2018, p.X).

The QNMU applauds this recommendation and believes this expansion will help to increase employment opportunities, reduce inequality in regional health services and contribute to the health and sustainability of regional Australia.

### Nurse practitioner

One approach to utilising nurses particularly in regional Australia is growing the number of nurse practitioners (NP). A NP is an RN with advanced educational preparation and experience. NPs have access to Medical Benefits Scheme (MBS) and Pharmaceutical Benefits Scheme (PBS) and provide high levels of clinically focused autonomous nursing care in a variety of contexts in response to varying patient/community complexities (Burston, Chaboyer & Gillespie, 2014). Health Workforce Australia (HWA) recognised the value of expanding the scope of practice for NPs and recommended it in addressing the health workforce skills shortage in rural and remote regions (HWA 2013c cited in Farquhar, 2014).

### Nurse navigator

Another nursing position useful in co-ordinating health care in regional Australia is the nurse navigator. These highly experienced RNs provide a service for patients who have complex health conditions and require a high degree of comprehensive, clinical care. Nurse navigators support and work across system boundaries and in close partnership with multiple health specialists and health service stakeholders to ensure patients receive the appropriate and timely care needed (Queensland Health, 2019). The QNMU recommends the increased employment of nurse navigators in regional Australia as an economically sound way to improve health outcomes for people so often disadvantaged by distance.

### Rural and isolated practice endorsed nurses

Rural and isolated practice endorsed nurses (RIPEN) is another category of nursing that is vital to the health service of regional Australia. The endorsement enables these RNs to obtain and initiate the administration and supply of certain schedule 2, 3, 4 and 8 medicines for nursing practice in defined rural and isolated practice areas.

### Midwives

Midwives play a critical role for women who live in regional Australia in ensuring positive maternal health outcomes for women giving birth in resource constrained environments (National Rural Health Alliance, 2019). Now recognised as a separate discipline to nursing, midwives follow women throughout their pregnancy, birth and post-partum and play an important health care role in regional Australia. When women are assigned a primary midwife in their local area, studies have shown that there is an improved continuity of care for pregnant women (Longman, et al., 2017).

The QNMU is actively working with key stakeholders, individuals and organisations in the articulation, implementation and evaluation of policy, guidelines and models of care to meet the needs of regional, rural and remote maternity care providers and women and babies accessing those services.

Expanding the 19(2) Medicare exemption (whereby currently medical doctors in the geographical area that has an exemption can be employed by Queensland Health, work in private practice and access Medicare rebates for care provision) to primary maternity services has the potential advantage of improving funding models to expand the midwifery workforce in regional, rural and remote areas.

The QNMU recommends the federal government allocate specific funding:

- for states to appoint high level midwife leaders
- for incentives to enable:
  - safe, equitable, accessible, affordable, and sustainable models of maternity care.
  - rights to private practice for midwives;
  - expansion of the 19(2) Medicare exemption for primary maternity services for rural and remote areas; and
  - indemnity insurance for midwives providing private care.

### ***Nursing and midwifery workforce planning***

Recruiting and retaining health practitioners, including nurses and midwives, to regional and remote Australia is a challenge. However, it is a necessity to ensure equity in health care in rural and remote and regional Australia.

Policy concern about the increasing demand for health care coupled with an inadequate workforce to meet projected needs resulted in the establishment of HWA. The federal government established HWA to deliver a national, coordinated approach to workforce reform with an overall goal of building a sustainable health workforce for Australia (HWA 2013a cited in Buchan et al., 2015). Unfortunately, the federal government closed it down in 2015.

In its early analysis, HWA identified maldistribution of the workforce across a geographically large country with an extremely skewed population distribution, shortages in some professions notably nursing, inefficient work practices and inflexible professional practices as major issues facing the health industry (Buchan et al., 2015).



In 2014, HWA developed a set of nationally authoritative, consistent and coherent health workforce projections for health workforce planning. Before that time health workforce planning was undertaken by individual state and territory governments, employers, professionals and other planners (Crettenden et al., 2014). *Health Workforce 2025* provided the evidence base to align student training intakes with projected health workforce requirements (Crettenden et al., 2014).

HWA estimated that unless there are changes to policy settings, the demand for nurses would exceed supply from approximately 2014 onwards, with a shortfall of almost 110,000 nurses by 2025. Clearly the current approach to Australia's health workforce will not be sustainable over the coming years. There is a necessity for coordinated, long-term reforms by government, professions and the higher education and training sectors for a sustainable and affordable health workforce.

One sector of the health care system with looming workforce issues is aged care. Strong growth in aged care services is expected across regional Australia. If programs are not developed and substantial funding is not allocated urgently to the current and future recruitment of RNs and ENs in aged care, through new and innovative approaches, the quality of aged care will decline significantly and our older Australians will live out their final years in unnecessary pain and suffering.

Another workforce issue that will need to be considered is the ongoing growth and the sustainability of regional Australia. In a previous submission to the Select Committee on Jobs for the Future in Regional Areas, the QNMU stated that in 2020 it is anticipated there will be three types of jobs:

- Future jobs, new and focused on digital specialisation and technical skills;
- Changing jobs, similar to current jobs but with new activities focused on high personal contact ('high touch'), high levels of care and high levels of technology; and
- fading jobs, which will be replaced by automation in time. In May 2013, 5.6 million people - half of Australia's overall workforce, used the internet to work away from the office (Regional Australia Institute, 2016).

In 2030, it is predicted that there will be an increase in part-time work (30 per cent more), a growth of women in the workforce (55 per cent more) and doubling of older workers (195 per cent more of the over 65s) (Australian Communications and Media Authority, 2013).

Health care professionals, carers and aides, and business, human resources and marketing professionals are projected to see some of the largest employment gains in Australia in the

short term – through to 2021. Each of these jobs require creative problem-solving skills and high levels of contact with clients (Foundation for Young Australians, 2017).

Against the backdrop of the implementation of the National Disability Insurance Scheme (NDIS), Australia's ageing population and increased demand for childcare and home-based care services, large increases in employment are projected for hospitals (up by 53,900 or 15.2 %), residential care services (46,700 Or 21.6 %) and child care services until 2019 (Department of Employment, 2015).

Given these projections, state and federal nursing and midwifery workforce planning is a vital step in meeting the challenges facing population health. It is also a crucial element in determining the future earnings, job security, employment status, training needs and working patterns of nurses and midwives. Workforce planning can use different methodologies and models that focus on demographic trends to assess supply and demand, linking expenditure projections with workforce projections, role extension and substitution and needs based models.

#### Recruitment and retention

It is important to provide incentives for nurses and midwives in hard-to-staff roles or locations – whether the nurses and midwives targeted are re-entrants, new entrants, transfers or continuing in existing positions.

Flexible working arrangements are the cornerstone to increase retention of nurses and midwives in the workforce. However, it is replenishing the total pool of qualified nurses and midwives that should be given priority as a large cohort moves into retirement. It should also be a priority to improve the general attractiveness of nursing and midwifery as careers to ensure adequacy in quantity and quality of new recruits over the coming decade.

HWA (2013a) noted that the most significant issue reported across rural areas is the ageing of the nursing workforce, indicating strategies are needed to strengthen attraction and recruitment strategies.

The QNMU supports the concept of Higher Education Contribution Scheme (HECS) refunds for health professionals relocating to regional and remote areas, but incentives need to be in place at the very start of nursing and midwifery careers. Governments should provide funding for rural hospitals to sponsor the inherent costs of living away from home for local students to study nursing, perhaps in return for two or three years' work in their rural area. This of course means there will also need to be funded graduate programs in those areas.

We believe there needs to be an acknowledgment from the highest levels of state and federal government that the next generation of nurses and midwives in rural, remote and regional settings will not be created without supported graduate programs.

To this end, governments could explore incentives for undergraduate student placements in regional, rural and remote areas. The undergraduate's experiences may also influence their future career decision, particularly in the specialty area they choose, so quality placements are necessary for effective preparation to practice. Any graduate program must be able to identify mentors and preceptors who are prepared (and remunerated) to undertake the important task of preparing graduates for independent practice.

## **Conclusion**

The provision and accessibility of health services supports and impacts health and wellbeing and quality of life for those who live and work in regional Australia. Better health and access to health care in regional Australia enables people to participate in society and the economy. Investing in health and its determinants is an important strategy to not only boost economic growth but to make the population healthier in regional Australia (Commission on Social Determinants of Health, 2008).

## References

- Australian Communications and Media Authority. (2013). *Home is where the work is*. Retrieved from <https://www.acma.gov.au/theACMA/engage-blogs/engage-blogs/Research-snapshots/Home-is-where-the-work-is>
- Australian Institute of Health and Welfare. (2016). *Australia's Health 2016*. Retrieved from <https://www.aihw.gov.au/reports/australias-health/australias-health-2016/contents/summary>
- Bradford, N., Caffery, L. & Smith, A. (2016). Telehealth services in rural and remote Australia: a systematic review of models of care and factors influencing success and sustainability. *Rural and Remote Health*, 16(4), 1-23.
- Buchan, J., Twigg, D., Dussault, G., Duffield, C. & Stone, P. (2015) 'Policies to sustain the nursing workforce: An international perspective', *International Nursing Review*, 62, pp. 162-170.
- Burston, S., Chaboyer, W. Gillespie, B. (2014). Nurse-sensitive indicators suitable to reflect nursing care quality: a review and discussion of issues. *Journal of Clinical Nursing*, 23, (13-14), 1785-1795.
- Commission on Social Determinants of Health. (2008). *Closing the gap in a generation: Health equity through action on the social determinants of health*. World Health Organization. Retrieved from [http://www.who.int/social\\_determinants/thecommission/finalreport/en/](http://www.who.int/social_determinants/thecommission/finalreport/en/)
- Crettenden, I., McCarty, M., Fenech, B., Heywood, T., Taitz, M. & Tudman, S. (2014). How evidence-based workforce planning in Australia is informing policy development in the retention and distribution of the health workforce. *Human Resources for Health*, 12(7), 1-13.
- Department of Employment. (2015). *Employment outlook to November 2019*. Retrieved from <https://cica.org.au/wp-content/uploads/Employment-Outlook-to-November-2019.pdf>
- Edwards, S., Birks, M., Chapman, Y. & Yates, K. (2016). Miscarriage in Australia: the geographical inequity of healthcare services. *Australasian Emergency Nursing Journal*, 19, 106-111.

- Farquhar, K. (2014). Expanding the scope of practice of the rural and remote emergency nurse practitioner beyond the 'fast track' model of care. *HNE Handover: For Nurses and Midwives*, 7(1), 1-6.
- Foundation for Young Australians. (2017). *The new work smarts – thriving in the new work order*. Retrieved from [https://www.fya.org.au/wp-content/uploads/2017/07/FYA\\_TheNewWorkSmarts\\_July2017.pdf](https://www.fya.org.au/wp-content/uploads/2017/07/FYA_TheNewWorkSmarts_July2017.pdf)
- Health Workforce Australia. (2013a). *About us*. Health Workforce Australia.
- Health Workforce Australia. (2013b). *Health Workforce Australia Strategic Plan 2013–2016*. Health Workforce Australia, Adelaide.
- Health Workforce Australia. (2013c). *National Rural and Remote Workforce Innovation and Reform Strategy*.
- Longman, J., Kornelsen, J., Pilcher, J., Kildea, S., Kruske, S., Grzybowski, S., Robin, S., Rolfe, M., Donoghue, D., Morgan, G. & Barclay, L. (2017). Maternity services for rural and remote Australia: barriers to operationalising national policy. *Health Policy*, 121(11), 1161-1168.
- National Rural Health Alliance Ltd. (2019). *Midwives in rural, regional and remote Australia: Fact sheet*. Retrieved from <https://www.ruralhealth.org.au/sites/default/files/publications/fact-sheet-midwives.pdf>
- National Rural Health Alliance Ltd. (n.d.). *Knowing the issues: New and old issues in rural and remote health*. Retrieved from <https://www.ruralhealth.org.au/advocacy/knowning-the-issues>
- Productivity Commission. (2017). *Introducing competition and informed user choice into human services: Reforms into human services, inquiry report*. Retrieved from <http://www.pc.gov.au/inquiries/completed/human-services/reforms/report>
- Queensland Health. (2019). *Nurse Navigators*. Retrieved from <https://www.health.qld.gov.au/ocnmo/nursing/nurse-navigators>
- Queensland Health. (2013). *Strengthening health services through optimising nursing strategy and action plan (2013-2016)*. Queensland Health, Brisbane.

- Regional Australia Institute. (2016). *The future of work: Setting kids for success*. Retrieved from [http://www.regionalaustralia.org.au/home/wp-content/uploads/2016/11/The-Future-of-Work\\_report.pdf](http://www.regionalaustralia.org.au/home/wp-content/uploads/2016/11/The-Future-of-Work_report.pdf)
- Regional Australia Institute. (2017). *What is regional Australia?* Retrieved from <http://www.regionalaustralia.org.au/home/what-is-regional-australia/>
- Senate Community Affairs References Committee. (2018). *Availability and accessibility of diagnostic imaging equipment around Australia*. Retrieved from [https://www.aph.gov.au/Parliamentary\\_Business/Committees/Senate/Community\\_Affairs/Diagnosticimaging/Report](https://www.aph.gov.au/Parliamentary_Business/Committees/Senate/Community_Affairs/Diagnosticimaging/Report)
- The Health Foundation. (2018). *What makes us healthy. An introduction to the social determinants of health*. Retrieved from <http://reader.health.org.uk/what-makes-us-healthy>
- Thomas, S., Wakerman, J. & Humphreys, J. (2014). What core primary health care services should be available to Australians living in rural and remote communities? *BMC Family Practice*, 15, 143-151.
- Wakerman, J., Humphreys, J., Lyle, D., McGrail, M. & Lavey, L. (2015). *Overcoming access and equity problems relating to primary health care services in rural and remote Australia*. Centre of Research Excellence in Rural and Remote Primary Healthcare, Australian National University.